

# WORKSHOP WAIVER AND RELEASE OF LIABILITY

## 2026 Armor Bootcamp – Virginia

In consideration of being allowed to participate in the **2026 Armor Bootcamp** (the “Workshop”), I, the undersigned, agree to the following:

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### 1. Assumption of Risk

I understand that this Workshop is an **inherently dangerous activity** involving metalworking processes, tools, and equipment that carry risks of injury or harm.

Activities may include, but are not limited to:

- Handling sharp objects
- Cutting, shaping, hammering, riveting, and grinding metal
- Use of manual, electric, and pneumatic tools (including shears, punches, grinders, sanders, drills, etc.)
- Use of gas or electric welding equipment

Potential risks include, but are not limited to:

- Burns, cuts, punctures, lacerations, and abrasions
- Eye injuries from flying debris
- Respiratory irritation from dust or fumes
- Muscle or tendon strain from repetitive or strenuous activity
- Injury from tools, equipment, materials or surrounding workspace

This is not a complete list of risks. I understand that additional, unforeseen hazards may arise.

I voluntarily and knowingly **assume all risks**, both known and unknown.

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### 2. Release of Liability

I, on behalf of myself and my heirs, executors, administrators, and assigns, release and hold harmless the Workshop organizers, instructors, property owners, assistants, volunteers, sponsors, and affiliates (the “Released Parties”) from any and all claims, demands, or causes of action arising from any injury, loss, or damage to myself or my property, including those caused by the **ordinary negligence** of the Released Parties.

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### 3. Personal Responsibility

I agree to:

- Follow all safety instructions and guidelines
- Use required safety equipment
- Wear appropriate clothing (including closed-toe shoes)
- Not use any equipment without proper instruction

I understand that failure to follow safety rules may result in removal from the Workshop without refund.

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### 4. Medical Acknowledgment

I certify that I am physically able to participate.

I authorize Workshop staff to obtain emergency medical treatment if necessary and agree to be responsible for any resulting medical costs.

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### 5. Acknowledgment

I have read and understand this Waiver and Release of Liability. I am participating voluntarily and at my own risk.

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#### Participant Information

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## **Emergency Contact**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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## **Medical Conditions or Allergies (if any):**

## **Workshop Details**

### **Instructor:**

Theodore Banning

### **Location:**

Banning private residence and workshop

1313 Quiet Forest Ln

South Chesterfield, Virginia 23834